



Arizona State Board of Education

1700 W. Washington  
Phoenix, Arizona 85007  
(602) 542-5057  
FAX (602) 542-3046  
<http://azsbe.az.gov>  
[inbox@azsbe.az.gov](mailto:inbox@azsbe.az.gov)

## APPLICATION FOR CONSIDERATION FOR APPOINTMENT TO A COMMITTEE OR TASK FORCE

Those interested in serving on the **ASDC Subcommittee for Mathematics Standards or ASDC Subcommittee for English Language Arts Standards** must apply online using the **K-12 Educator Sub-Committee Application** located at:

<http://www.azed.gov/standards-practices/standards-committee-application/>

Please submit the following application, along with a resume that includes employment history, educational background, and civic involvement, to [inbox@azsbe.az.gov](mailto:inbox@azsbe.az.gov).

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Office Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Preferred E-mail: \_\_\_\_\_

I am interested in serving on the:

☐ Certification Advisory Committee (CAC)

☐ Professional Practices Advisory Committee (PPAC)

☐ Certification Appeals Advisory Committee (CAAC)

☐ Other: \_\_\_\_\_

In addition, some State Board of Education committees require members to fulfill specific criteria. Please check all that apply:

An educator certified in Arizona in ☐ elementary education ☐ secondary education ☐ special education

☐ vocational education ☐ school principal ☐ school administration

A district superintendent or assistant/associate superintendent ☐ elementary ☐ high school ☐ unified

A parent of a student attending an Arizona public ☐ elementary school ☐ middle school ☐ high school

☐ A human resources director of a school district

☐ A county superintendent of schools

☐ An elected member of a school district governing board

☐ An owner, operator or administrator of a charter school

☐ A dean, administrator or faculty member of an educator preparation program approved by the State Board

☐ A member of the business community

☐ A member of the public, unaffiliated with any of the above

**Previous involvement with committees of the State Board of Education or Department of Education:**

(Please include the name of the Committee, dates served, and position if applicable)

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**Briefly explain why you are interested in and what best qualifies you for this position:**

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**Voluntary Information:**

This information is used solely for the purposes of ensuring committees are comprised of members reflecting the entire state of Arizona and its community.

**Ethnicity:**

- ☐ African American  
☐ Asian/Pacific Islander  
☐ Caucasian  
☐ Latino  
☐ Native American  
☐ Other

**Gender:**

- ☐ Male  
☐ Female

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

----- Office Use -----

Nominated By: \_\_\_\_\_

Date Considered for Appointment: \_\_\_\_\_

Initial Appointed:    [ ] Yes                      [ ] No                      Reappointment:    [ ] Yes                      [ ] No

Term Effective: \_\_\_\_\_                      Term Expires: \_\_\_\_\_

Date Notified: \_\_\_\_\_